

**Finance Department**

567 El Camino Real, San Bruno, CA 94066

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www.sanbruno.ca.gov

	Approved	Denied
Finance:		
SB Cable:		
For office use only		

2013-14 Application for Discounted Rates

Water & Sewer o Garbage o Cable TV o

Water Customer Number _____

Cable Customer Number _____

CUSTOMER INFORMATION

Name _____

Service Address _____

Mailing Address _____

(if different from service address)

Daytime Telephone Number _____

(include area code)

HOUSEHOLD INFORMATION

Number of People Living in Household: Adults _____ + Children _____ = Total _____

Name and Birthdate of All Household Residents: _____

Income Sources: (please check all sources of income received by residents of the household)

- | | |
|---|--|
| <input type="checkbox"/> Wages/Salaries | <input type="checkbox"/> Disability Payments |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Food Stamps/AFDC |
| <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Child/Spousal Support (Alimony) |
| <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Insurance/Legal Settlements |
| <input type="checkbox"/> Pension/Private Retirement | <input type="checkbox"/> Other _____ |

\$ _____

Total Annual Household Income**REQUIRED DOCUMENTS****Proof of income is required.** Please attach a copy of your income verification.

Failure to include necessary documents will result in a denied application.

Income Verification: (Please provide one of the following)2012 Federal **OR** State Income Tax Return (first two pages only showing AGI)

2012 Statement of Social Security Benefits

2012 Proof of State/Federal Housing Assistance

To ensure your privacy, please remove all social security and account numbers.

Documents will be destroyed once application has been approved and cannot be returned to the applicant.

DECLARATION

I state that the information I have provided in this application is true and correct. I agree to provide all information necessary to approve this application. I agree to inform the City of San Bruno's Finance Department if I no longer qualify to receive the reduced rates. I understand that if I receive the discount without meeting the qualification guidelines, I will be required to repay the discount I received. I understand I must have a 32 gallon garbage totter in order to receive the discount on garbage service. I understand that participation in the program is voluntary and I agree to comply with all requests made by the City of San Bruno. I accept these terms and acknowledge the City may amend the administration of the discounts for low income household program at any time.

X _____

Signature

X _____

Date



Fiscal Year 2013/14

Dear Residential Customer:

The City Council has established a program that provides reduced rates to households with certain income limitations. Participation in this program is voluntary. **All customers that currently qualify for reduced rates must re-apply each fiscal year.** In order to participate, a household's combined gross annual income (the total income before tax deductions for **all** residents of the service address) may not exceed the maximum income as detailed below.

Schedule of Discounts: (effective on bills generated after July 1, 2013)

Service	Discount	Limitations
Cable Television	25%	Basic and Limited services
Garbage	25%	Applicable to 32-gallon toter
Water and Sewer	25%	n/a

Income Guidelines:

Number of Persons in Household	Total Combined Annual Income
1	\$36,950
2	\$42,200
3	\$47,500
4	\$52,750
5	\$57,000
6	\$61,200
7	\$65,450
8	\$69,650

Applications and proof of income must be submitted by June 30, 2013.

Qualifying applicants are not provided reduced rates retroactively for any delay due to processing or late submission.